

EXHIBIT F

From: Johann, Pamela (USACAN)
Sent: Tuesday, March 3, 2020 1:21 PM
To: Victoria Baranetsky [REDACTED]
Subject: CIR v. DOL, No. 19-cv-5603, supplemental release

Hi Vickie,

The Department of Labor is providing this supplemental release of documents in response to your FOIA requests Nos. 878010 and 878011. After a review of its earlier response, DOL located additional responsive documents for release.

9 pages of additional records are attached. They correspond to the following OSHA inspection numbers:

OSHA FOIAs 878010 / 878011-001 – Inspection 1377288 (2018)
OSHA FOIAs 878010 / 878011-002 – Inspection 1377288 (2019)
OSHA FOIAs 878010 / 878011-003 – Inspection 1327615 (2017)
OSHA FOIAs 878010 / 878011-004 – Inspection 1371705 (2018)
OSHA FOIAs 878010 / 878011-005 – Inspection 1343890 (2017)
OSHA FOIAs 878010 / 878011-006 – Inspection 1301593 (2017)
OSHA FOIAs 878010 / 878011-007 – Inspection 1344215 (2015)
OSHA FOIAs 878010 / 878011-008 – Inspection 1344215 (2016)
OSHA FOIAs 878010 / 878011-009 – Inspection 1344215 (2017)

Please let me know if you have any questions about this release.

Thanks,
Pam



Pam Johann | Assistant U.S. Attorney | Northern District of California |
450 Golden Gate Ave. | Box 36055 | San Francisco, CA 94102 |
T: [REDACTED] | F: [REDACTED]

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2018

U.S. Department of Labor
Occupational Safety and Health Administration

All establishments covered by Part 1504 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
(b) (4)	(b) (4)
(K)	(L)

Injury and Illness Types

Total number of...	(M)
(1) Injuries	(b) (4)
(2) Skin disorders	(b) (4)
(3) Respiratory condition	(b) (4)
(4) Poisonings	(b) (4)
(5) Hearing Loss	(b) (4)
(6) All other illnesses	(b) (4)

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Print OSHA's Form 300A PDF

Establishment Information

Your establishment name CLE2Company Name Amazon.com, d/b/a LLCStreet 21500 Emery RdCity North Randall State Ohio ZIP 44128

Industry description (e.g. Manufacture of motor truck trailers)

General warehousing and storage

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g. 336212)

493110

Employment Information

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

(b) (7)(C) G.M.

Company Executive

Title

(b) (7)(C)

29 JAN 18

Phone

Date

#1997288

OSHA's Form 300A

Year 2019

**Summary of Work-Related Injuries and Illnesses**U.S. Department of Labor
Occupational Safety and Health Administration

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Number of Cases

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(b) (4)	(b) (4)	(b) (4)	(b) (4)

(G)

(H)

(I)

(J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
(b) (4)	(b) (4)

(K)

(L)

Injury and Illness Types

Total number of...

(M)

(1) Injuries	(b) (4)	(4) Poisonings	(b) (4)
(2) Skin disorders	(b) (4)	(5) Hearing Loss	(b) (4)
(3) Respiratory condition	(b) (4)	(6) All other illnesses	(b) (4)

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment InformationYour establishment name **CLE2**Company Name **Amazon.com, Inc.**
LLCStreet **21500 Emsw Rd**City **North Randall** State **Ohio** ZIP **44128**

Industry description (e.g. Manufacture of motor truck trailers)

General warehousing and storage

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g. 336212)

493110**Employment Information**Annual average number of employees **(b) (4)**

Total hours worked by all employees last year

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive Title

02/07/2019

Phone

Date

Print OSHA's Form 300A PDF

* This report contains Open Lost Time or Job Restriction Case



OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses


Year 2017
U.S. Department of Labor
Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."
Employers, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
(b) (4)	(b) (4)

Injury and Illness Types

Total number of...	
(1) Injuries	(b) (4)
(2) Skin disorders	(b) (4)
(3) Respiratory condition	(b) (4)
(4) Poisonings	(b) (4)
(5) Hearing Loss	(b) (4)
(6) All other illnesses	(b) (4)

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Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review this collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistics, Room 14-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name MDW7
 Company Name Amazon.com, Inc. LLC
 Street 6605 Monrovia Manhattan Road
 City Monrovia State Illinois ZIP 60449
 Industry description (e.g. Manufacture of motor truck trailers)
General Warehousing and Storage
 Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)
493110

Employment Information

Annual average number of employees (b) (4)
 Total hours worked by all employees last year

Sign here (b) (7)(C) - A.G.M.
 Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, correct, and complete.

(b) (7)(C) 1/29/18
 Company Executive Title
 (b) (7)(C) 1/29/18
 Phone Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2018

U.S. Department of Labor
Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)
(G)	(H)	(I)	(J)

(b) (4)

(G)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
(b) (4)	(b) (4)
(K)	(L)

(b) (4)

(K)

Injury and Illness Types

Total number of...

(1) Injuries	(2) Skin disorders	(3) Respiratory condition	(4) Poisonings	(5) Hearing Loss	(6) All other illnesses
(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)
(M)					

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Establishment Information**Your establishment**name MDW5Company Name Amazon.com.dedc LLCStreet 16824 Enterprise Blvd.City Crest Hill State Illinois ZIP 60435

Industry description (e.g. Manufacture of motor truck trailers)

General Warehousing and Storage

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g. 336212)

493110**Employment Information**

Annual average number of employees (b) (4)

Total hours worked by all employees last year (b) (4)

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive Title_____
Phone Date

Print OSHA's Form 300A PDF

* This report contains Open Lost Time or Job Restriction Case



APPENDIX A- 2017 300A

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses


 Year 2017
 U.S. Department of Labor
 Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."

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Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)

Number of Days	
Total number of days away from work	Total number of days of Job Transfer or Restriction
(b) (4)	(b) (4)

Injury and Illness Types	
Total number of...	(b) (4)
(1) Injuries	(b) (4)
(2) Skin disorders	(b) (4)
(3) Respiratory condition	(b) (4)
(4) Poisonings	(b) (4)
(5) Hearing Loss	(b) (4)
(6) All other illnesses	(b) (4)

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Establishment Information

Your establishment name MDW7
 Company Name Amazon.com, Inc.
 Street 6605 Madge Manhattan Road
 City Monroe State Illinois ZIP 60449
 Industry description (e.g. Manufacture of motor truck trailers)
General Warehousing and Storage
 Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR
 North American Industrial Classification (NAICS), if known (e.g., 336212)
493110

Employment Information

Annual average number of employees (b) (4)
 Total hours worked by all employees last year (b) (4)
 Sign here (b) (7)(C) AGM
 Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

(b) (7)(C) 1/29/18
 Company Executive Title
 (b) (7)(C) 1/29/18
 Phone Date

OSHA's Form 300A

Summary of Work-Related Injuries and IllnessesYear 2017
U.S. Department of Labor
Occupational Safety and Health Administration

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To verify that the entries are complete and accurate before completing this summary.

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
(b) (4)	(b) (4)

Injury and Illness Types

Total number of...

(1) Injuries	(b) (4)	(4) Poisonings	(b) (4)
(2) Skin disorders	(b) (4)	(5) Hearing Loss	(b) (4)
(3) Respiratory condition	(b) (4)	(6) All other illnesses	(b) (4)

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Establishment InformationYour establishment name MDW8Company Name Amazon.com, Inc. LLCStreet 1350 Bridge DriveCity WaukeganState IllinoisZIP 60052Industry description (e.g., Manufacture of motor truck trailers)

General Warehousing and Storage

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

493110**Employment Information**

Annual average number of employees

Total hours worked by all employees last year

Sign here

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

(b) (7)(C)

Company Executive

(b) (7)(C)

General Manager

Title

1/30/18

Phone

Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2015

U.S. Department of Labor
Occupational Safety and Health Administration

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Number of Cases

Number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)

(b) (4) (G) (H) (I) (J)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
(b) (4)	(b) (4)

(b) (4) (K) (L)

Injury and Illness Types

Total number of...

(M)

(1) Injuries	(b) (4)	(4) Poisonings	(b) (4)
(2) Skin disorders	(b) (4)	(5) Hearing Loss	(b) (4)
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Establishment Information**Your establishment name** DCH3Company Name Amazon.com, Inc. LLCStreet 4500 Western AvenueCity Lisle State Illinois ZIP 60532

Industry description (e.g. Manufacture of motor truck trailers)

General Warehousing and Storage

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g. 336212)

493110**Employment Information**

Annual average number of employees

Total hours worked by all employees last year

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I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive**Title****Phone****Date**

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2016



U.S. Department of Labor

Occupational Safety and Health Administration

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Number of Cases			
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(b) (4)	(b) (4)	(b) (4)	(b) (4)
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of Job Transfer or Restriction
(b) (4)	(b) (4)
(K)	(L)

Injury and Illness Types	
Total number of...	
(1) Injuries	(b) (4)
(2) Skin disorders	(b) (4)
(3) Respiratory condition	(b) (4)
(4) Poisonings	(b) (4)
(5) Hearing Loss	(b) (4)
(6) All other illnesses	(b) (4)

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Industry description (e.g. Manufacture of motor truck trailers)

General Warehousing and Storage

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

493110**Employment Information**

Annual average number of employees

Total hours worked by all employees last year

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Company Executive**Title****Phone****Date**

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2017



U.S. Department of Labor

Occupational Safety and Health Administration

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Number of Cases

Number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)

(b) (4)

Number of Days

Total number of days away from work	Total number of days of Job Transfer or Restriction
(b) (4)	(b) (4)

(b) (4)

Injury and Illness Types

Total number of...

(M)

(1) Injuries

(b) (4)

(4) Poisonings

(b) (4)

(2) Skin disorders

(5) Hearing Loss

(3) Respiratory condition

(6) All other illnesses

Fill in this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Establishment Information**Your establishment name** DCH3Company Name Amazon.com, d/b/a Amazon LLCStreet 4500 Western AvenueCity Lisle State Illinois ZIP 60532Industry description (e.g. Manufacture of motor truck trailers)General Warehousing and StorageStandard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)493110**Employment Information**

Annual average number of employees

Total hours worked by all employees last year

Sign here**Knowingly falsifying this document may result in a fine.**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive**Title****Phone****Date**